

GENERAL INSTRUCTIONS

SECTION 1. TYPE OF LICENSE

Please mark the type of license for which you are applying.	TOTAL
<input type="checkbox"/> Licensed Social Work Associate (LSWA) Examination	\$176
<input type="checkbox"/> Licensed Social Work Associate (LSWA) Endorsement	\$176
<input type="checkbox"/> Licensed Graduate Social Work (LGSW) Examination	\$176
<input type="checkbox"/> Licensed Graduate Social Work (LGSW) Endorsement	\$176
<input type="checkbox"/> Licensed Independent Social Work (LISW) Examination	\$176
<input type="checkbox"/> Licensed Independent Social Work (LISW) Endorsement	\$176
<input type="checkbox"/> Licensed Independent Clinical Social Work (LICSW) Examination	\$176
<input type="checkbox"/> Licensed Independent Clinical Social Work (LICSW) Endorsement	\$176
<input type="checkbox"/> Duplicate Licenses (limit 5) _____ X \$26.00 =	\$____.00
Total Enclosed	\$____.00

Make check or money order payable to Promissor.
A charge of \$65.00 will be imposed for dishonored checks
(Public Law 89-208)

Department of Health
Health Professional Licensing Administration
Board of Social Work
717 - 14th St NW, Suite 600
Washington, DC 20005

HPLA ONLY

Check \$	Check #	Staff
\$ __ __ __ .00		

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, you must provide a copy of legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders. Complete Section 4 on page 2 of this application.

FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
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[] [] [] - [] [] - [] [] [] []
 SOCIAL SECURITY NUMBER

M M D D Y Y Y Y
 [] [] — [] [] — [] [] [] []
 DATE OF BIRTH

If applicant does not provide a social security number, a sworn affidavit is required

PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female

GENDER

Please check the correct box.

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Social Work. Keep a photocopy of all supporting documents for your records.

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A. Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Three (3) character reference forms, a minimum of two (2) must be professional references.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Verification(s) of licensure – These should be provided in a sealed envelope from the issuing jurisdiction for each license identified in Section 6B on this page.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Degree in Social Work Transcript – This should be provided in a sealed envelope from the issuing institution for each school listed in Section 6A.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. LISW, LICSW ONLY – Supervision Verification Forms for a minimum of 3,000 work experience hours for the Companies or Agencies identified on the Applicant Post Graduate Work Experience Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Examination scores – An original copy or score transfer must be provided. Month and Year of applicable exam _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
NEW LICENSE APPLICATION

SECTION 3. SUPPORTING DOCUMENTS – (continued)

G. **Foreign Trained Applicants** – A certification of education from the Foreign Equivalency Determination Service of the Council on Social Work Education.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4. PREVIOUS NAMES

If your name has changed at any point since you have first taken any exams or attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Court Order	<input type="checkbox"/> Spouse Death Certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)	
Changed to current name by:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Court Order	<input type="checkbox"/> Spouse Death Certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)	
Changed to current name by:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Court Order	<input type="checkbox"/> Spouse Death Certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)	

SECTION 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

<input type="checkbox"/> APARTMENT	<input type="checkbox"/> SUITE	<input type="checkbox"/> FLOOR	<input type="checkbox"/> PO BOX NUMBER	<input type="text"/>
<input type="text"/>				
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)				
<input type="text"/>				
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)				
<input type="text"/>				
CITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE	ZIP CODE + 4			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER		HOME FAX NUMBER		E-MAIL ADDRESS

SECTION 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

<input type="text"/>				
COMPANY NAME				
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> SUITE	<input type="checkbox"/> FLOOR	<input type="checkbox"/> PO BOX NUMBER	<input type="text"/>
<input type="text"/>				
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)				
<input type="text"/>				
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)				
<input type="text"/>				
CITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE	ZIP CODE + 4			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER		E-MAIL ADDRESS

SECTION 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☐ HOME ☐ BUSINESS

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
NEW LICENSE APPLICATION**

SECTION 6A. SOCIAL WORK EDUCATION

List all colleges and universities from which you obtained your social work degree. You need only to list the degree that applies to the license level for which you are applying.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

SECTION 6B. SOCIAL WORK LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a social work license. You must request verification of licensure for all of these licenses, past and/or present. You must provide verification for all social work licenses held, past or present.

Jurisdiction	Date License Was First Obtained	License Number

SECTION 6C. SCORE TRANSFER INFORMATION

If you did not take the ASWB exam in the District of Columbia, you will need to transfer your test score to the District of Columbia. This process is handled by the American Association of State Social Work Boards (ASWB). Please submit your request with a certified check or money order in the amount of \$25 *(payable to ASWB) to:

**ASWB Registration Center
PO Box 1508
Culpepper, VA 22701**

You can also request a score transfer via telephone using a MasterCard, VISA, Discover credit card. Call (888) 579-3926.

PLEASE NOTE – The DC Board of Social Work does not have reciprocity with any jurisdiction. Licensure in the District of Columbia will not be granted on the basis of licensure in another state. Applicants must apply for licensure in the District and meet all of the District's social work licensing requirements. The DC Board of Social Work does not grandfather or waiver license requirements. *Fee is subject to change.

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NEW LICENSE APPLICATION

SECTION 7. SCREENING QUESTIONS – Applicants MUST answer all of the following questions.

Applicants must complete all questions by placing an "X" in the appropriate boxes. *If you answer "Yes" to any of the questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.*

**HPLA
ONLY**

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes No
☐ ☐

A

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES NO
☐ ☐

A. Has the use of drugs and/or alcohol resulted an impairment of your ability to practice your profession?

YES NO
☐ ☐

☐

C. Have you ever been convicted or arrested for a crime (other than minor traffic violations) not previously reported to the Board?

YES NO
☐ ☐

☐

D. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6B of this form.)

YES NO
☐ ☐

☐

E. Have you ever been party to a malpractice action or had a malpractice action brought against you?

YES NO
☐ ☐

☐

F. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?

YES NO
☐ ☐

☐

G. Have you ever been terminated from or resigned from a clinical or professional training program?

YES NO
☐ ☐

☐

H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?

YES NO
☐ ☐

☐

I. (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?

YES NO
☐ ☐

☐

J. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?

YES NO
☐ ☐

☐

LISW AND LICSW APPLICANTS – Be sure to complete the Applicant Post Graduate Work Experience Form and the DC Social Work Supervision Calculation Worksheet.